

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/067151	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
4	/						54						
5	/	/					55						
6	/	/					56						
7	/	/					57						
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14	/	/					64						
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18	/	/					68						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	21						TOTAL DEP.						
TOTAL CLAIMS	28						TOTAL CLAIMS						